Bulletin of Anomalous Experience

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MUFON 1990: Pensacola

Going to Pensacola

As I mentioned last issue, I was an invited speaker at the 1990 MUFON Symposium help July 6-8 in Pensacola, Florida. The paper I had prepared for presentation at the MUFON Symposium was called WHO SPEAKS FOR THE WITNESS? MEDICAL AND ETHICAL ISSUES IN UFO ABDUCTION RESEARCH. It discusses many of the ethical concerns we have covered in previous issues of RP/BAE -- the need to put the welfare of the witness before the exigencies of the investigation; the importance of respecting confidentiality; and the obligations of licensing that the practitioner must respect.

My main concern weeks before my trip was that the paper would be seen as a chastising of the investigator community, and an attempt to "medicalize" the field. My experiences with a group of local investigators, which formed the basis for many of the "don't let this happen to you" stories in my paper, probably did a lot to cultivate these concerns.

I spent the first day getting a general impression of the locale. The beaches were beautiful, the sand strikingly white and perfect; the shopping was a little disappointing, though I did pick up a couple of novelty items (including the "psycho ball," which screams when you touch it). The local newspaper carried daily ads offering singing machines for rent with "sacred and secular accompaniment." I was reminded of this later on the weekend when people were discussing the fundamentalist religious opposition to the Gulf Breeze stories.

The real show began Friday afternoon at the press conference. This was my first press conference. Maybe 30-40 reporters were present, and a half-dozen or fewer TV cameras. Major networks logos on the cameras were absent, though the advance literature we got suggested CNN would be there.

Walt Andrus was the emcee; he introduced me as a psychiatrist (a mistake on my bio that I had already corrected). My first words at my first press conference therefore became, "I am David Gotlib and I am not a psychiatrist."

There was a funny old man sitting in the front row and holding an antiquated cassette recorder at arms length to record the speakers. This turned out to be Phil Klass, of whom we will speak more later (natch).

Ed Walters was the star of the conference; most of the questions were directed to him. I spoke to his wife Frances briefly afterwards, and was impressed by her sincerity. She did not speak much publicly during the weekend.

My Speech

The event, originally scheduled to be at the Pensacola Hilton, was moved to the Pensacola Civic Centre, because the air conditioning in the hotel's ballroom had broken down. Approximately 700 people had registered. Two projection TV screens flanked the speaker's podium.

Our emcee was Dave Daughtry, apparently a longtime fixture on the local TV news. Pleasant voice,

Bulletin of Anomalous Experience (formerly "Ratchet Patrol" --- they *made* me change the name) is a networking newsletter about the UFO "Abduction" phenomenon and related issues for interested scientists and mental health professionals.

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nice hair. I made sure he would not introduce me as a psychiatrist.

I spoke second, after Brian O'Leary, who gave an inspirational talk on expanding mankind's consciousness into the universe. His presentation also included a spoon-bending demonstration.

I was pleased that I appeared so early in the program; most medical conferences I have attended usually put discussions of ethics at the end, when people are leaving to catch an early plane home.

My talk went well, and included a couple of episodes of spontaneous applause during those points where I emphasized respect for the witness and their needs above all else. This was helpful to see how I was doing, because with all the bright lights shining on me it was impossible to view the crowd.

The mike went dead on me every time I uttered the words "anxiety" or "depression." After some tinkering by the sound man, I tested the apparatus by saying these words in my best deep, menacing voice. The crowd liked that.

After the Speech

I had hoped to see most of the other presentations, but the majority of my time after the talk was spent doing interviews or talking to individuals.

The first two conversations I had were the only unpleasant ones. First up, a Toronto UFO investigator who recognized himself in the selfish and unprofessional exploits I described (anonymously) in my presentation. We talked for about 20 minutes in the lobby of the auditorium, during which time he demonstrated that he did not understand at all what I was talking about. I learned from others (more sympathetic to my cause) that I am now persona non grata in his outfit. This may slow my caseload, because this group has a high degree of visibility in Toronto area.

Taking a Bath in the Skeptic Tank

Next up: Phil Klass. I had never met him before. He loved what I had to say and said that if he was an expert and qualified to speak to this esteemed group that it was exactly the message he would have delivered. This was my first warning.

He then proceeded to throw his hypothetical questions at me: "Suppose that you knew for certain that UFOs were not real...and I came to you claiming that I had seen one...what would your diagnosis be?"

"But that's not a meaningful question--I can't make a diagnosis on the basis of what you've told me." Besides, I pointed out, he would never present to anyone claiming to have seen a UFO.

We discussed another abstraction, and he seemed excited when I mentioned "personality disorder" to be in the differential diagnosis, but was crestfallen when I pointed out that the term was simply descriptive, and did not explain what was going on.

I was joined midway through this discussion by another physician, who, along with me, kept making the point to Klass that as therapists we are trying to help the patient work through their experience and integrate it; convincing them that it did not happen, because it is impossible, is not particularly therapeutic.

Then I put my foot in it: In making the point that we may be missing important data because we may not know just what we are looking for, I brought up the example of the health effects of low frequency electromagnetic fields. His face lit up (DANGER WILL ROBINSON!). "Look, you corrected me when I made a mistake in your field, now I have to correct you. I'm an engineer, and there is NO EVIDENCE that low frequency magnetic fields have ANY BIOLOGICAL EFFECT."

This was the end of our conversation. By the look on his face it appeared he thought he had skewered another well-meaning but naive and unskeptical thinker.

I had just spent six weeks poring through papers that defied this claim, but this work was all done by biologists who were observing the effects. The engineers still took a dim view of this because they could not discern the mechanism of these effects (therefore, like good skeptics, they concluded the effects did not exist). I did not feel prepared to enter into a debate with him on this matter, and left the conversation feeling like I had been screwed but not even been kissed.

Press Interviews

All you needed to attract attention was a red SPEAKER ribbon on your badge. I wondered if wearing it back at home would improve my social life as much as it did at Pensacola. So far, it hasn't.

Friday night I took part in a videotaped panel with Robert Hall and Dan Wright discussing abductions. I understand this is to be produced and marketed under the auspices of CUFOS. This was the most stimulating interview of the weekend -- also the hottest, as they had us in a small motel room and turned off the air conditioning because of the noise.

I probably did about 10 interviews; the best one was with a crew from a Quebec TV news station. I was getting quite good at this by Sunday morning.

Talking to Individuals

I spoke to a number of witnesses. All were very encouraging. They agreed with what I had to say, and felt that it was high time somebody said it in public. Some of them shared their own horror stories about unsympathetic investigators who caused them more hurt because of their attitude.

Some investigators came up to me to thank me for presenting this material. These people said they had similar concerns, but often found themselves frustrated by the directors of their groups. One MUFON member said she had been particularly discouraged from providing emotional support to witnesses who did not want to have their case documented, since MUFON's purpose was to document cases. If the witness did not let them

report it, therefore they were not part of the group's mandate, and the investigator was felt to be wasting her time and the group's resources.

I spoke to a number of therapists too. Many were just starting to explore this field, and felt isolated because of the difficulty of finding other therapists with similar interests. Some will be receiving this periodical.

Gulf Breeze

I was not happy with the emphasis on the Gulf Breeze sightings. During the press conference Friday, and the panel discussion Saturday nights (with the speakers from that day), much of the attention was on Ed, and this responses to the various debunkers' claims. It appeared to me that MUFON had placed too much of its reputation on the line for a single case; even if it withstands all the criticism, it does not provide more information about the field as a whole.

Conclusion

On reflection (and there was lots of time for reflection, as I was returning to Toronto via Atlanta and Buffalo), I felt the weekend had been an excellent experience. My message was well-received, and now committed to posterity in the MUFON Proceedings for all to read. I met a number of interesting people, and expanded my own network of professional contacts.

Vicki Lyons, the MUFON organizer in Pensacola, did an excellent job of organization. The Symposium was professional from start to finish.

"Temporal Lobe Lability"

Introduction

Last issue we talked about the biological effects of electromagnetic fields, including its possible effects on consciousness. This issue we continue this discussion with a look at the work of Michael Persinger.

I first encountered Persinger's name in connection with the hypothesis that UFOs are luminous fields generated by geomagnetic stresses. As I did last issue, I consulted Medline (via Paperchase on CompuServe, probably the only cost-efficient use of CompuServe) to look up the original references. This yielded articles with fascinating titles like "Geophysical Variables and Behavior: Predicting the Details of Visitor Experiences and the Personality of Experients: The Temporal Lobe Factor."

Unfortunately, the majority of these works have been published in an obscure journal called Perceptual and Motor Development. The University of Toronto Library system does not carry it; I had to get copies of the papers sent through PaperChase (which, at $9 per article, is not cheap).

Any serious discussion of the abductee experience needs to include at least a look at his ideas, because the phenomenology of "abductions" is similar in many respects to temporal lobe phenomena he describes. It is a premise to be proved or disproved, or revised in light of new findings.

I did not find anything in the articles I studied to indicate that Persinger dismisses each and every UFO report as an earthlight generated by tectonic stress, though that is the context in which I originally heard of his work. Perhaps some of you UFOlogy veterans can fill us in on this aspect.

I present Persinger's work as a series of excerpts from his articles in Perceptual and Motor Skills. I have listed these references on page 9. I can send interested parties Xeroxes of them if you can't find them in your local library.

Premise

(This article) presents evidence that these experiences are more intense variants of the normal "sense of presence." They are mediated by mesiobasal (amygdaloid-hippocampal) portions of the temporal lobes and often evoke permanent, cognitive restructuring (similar to a religious conversion). If the neural substrate of the visitor experience is transient electrical lability within temporal lobe structures, then: (a) the phenomenological characteristics of these experiences should reflect temporal lobe function and (b) people with personality profiles that are strongly correlated with temporal lobe lability should be prone to these experiences.

Visitor experiences have been persistent phenomena throughout the phenomenological history of man, especially during periods of crisis...The prediction of the thematic patterns of visitor experiences and the personalities of the experients should allow the generation of testable hypotheses within experimental and clinical settings.

Clinical Precedent

That either endogenous or exogenous (surgical) stimulation of deep temporal lobe structures, such as the hippocampus and especially the amygdala, can evoke specific phenomenological patterns is well established. The specific details are determined by the etiology (eg space-occupying lesion, electrical focus, vasospasm), its location and the amount of cumulative brain damage. Patients with partial complex or limbic (temporal lobe) epilepsy frequently report: the sense of a presence,

depersonalization (feelings of unreality, out-of-body experiences), hearing-knowing from "internal" sources, vestibular sensations (most commonly internal vibrations, rising sensations in the thorax, floating or spinning), extreme anxiety or panic, forced thinking, odd smells, sacral proprioception concerning the genitals and anal sphincter and (in females) erotic experiences...Visual phenomena vary from the experience of shadows, entities or colors in the peripheral field to complex animated sequences that are dominated by surrealistic or dream-like features. They contain substantial fantasies that are not always simple reiterations of personal experiences.

The person who experiences (the experient) the phenomena is convinced that they are real; often the details are not clear but the person is convinced that something cosmic or profoundly significant has occurred. Typical interictal behaviors include widening of affect such that infrequent, odd events acquire special meaning, multiple references to psi phenomena, the conviction of special destiny (the person has been chosen by a special power), hypergraphia (the desire to record the significant experiences), an obsession with nascent themes (man's destiny, nature of the universe), communion with universal forces (Gods, entities, other-dimensional creatures), and the conviction to proselytize or to spread the word. Invariably there is amnesia and a history of time loss. Affective disorders and alterations in sexual behavior are common.

Not Epilepsy, but Temporal Lobe Lability (TLL)

There is now evidence of a continuum of temporal lobe lability or sensitivity within the normal population; people who display complex partial epilepsy (without convulsion) occupy the extreme portion of this continuum. The continuum is based upon the occurrence of microseizure-like activity that occurs routinely during normal dream (REM) sleep and the linear relationship between the number of mesiobasal temporal lobe neurons recruited during electrical transients and the intensity and display of epileptic experiences...Its validity within the normal population has been indicated by enhanced cross-modal matching in individuals who display enhanced temporal lobe signs.

Several studies have shown that normal people who display QUANTITATIVELY more temporal lobe (bipolar T3, T4) alpha activity (and hence greater range in activity or lability) during test conditions also experience the phenomenological profile evoked by limbic seizures. Although qualitatively similar to experiences associated with limbic seizures, the normal temporal lobe experiences are less intense and there is no classic EEG or clinical evidence of seizures. Special populations (poets, writers) who display an enhanced proclivity for limbic experiences, also display an increased incidence of small sharp spikes during resting (especially early nocturnal) EEG recordings. The spikes are similar to those reported in populations with familial associations of manic-depression and the number of spikes are positively correlated with the numbers and frequency of benign limbic experiences.

Less severe displays, which are woven within the dynamics of borderline or "soft" temporal lobe signs and do NOT involve disorders in thought processes, constitute the central region of the scale (of temporal lobe lability). Typical symptoms would include: early morning highs (0200 to 0400 hr), deja-vu experiences, vibration sensations before sleeping, "waves of energy permeating the body," recurrent vivid dreams, intense meaningfulness after reading material about unusual or unexpected situations, feelings of unreality (depersonalization), peaceful or quiescent episodes of diffuse concentration, memory blanks, experiencing the presence of other beings, the special personal significance of chance events, and the distortions in serial order of events (telepathic/precognitive experiences). THEY ARE NORMAL RESPONSES; only their frequency or duration of occurrence and the degree to which they dominate the persons's behavior predict the potential pathology.

These clinically normal (as defined by the Minnesota Multiphasic Personality Inventory) people more frequently report "feeling the presence of a Being or close contact with a universal consciousness during the early morning hours," lifting sensations or vibrations before falling asleep, "experiences of a smell from childhood just before falling down,": depersonalization, and intense episodes of meaningfulness or cosmic insight between 0200 and 0400 hr. ..strong positive correlations exist between temporal lobe signs and exotic beliefs (time-travelling) and psi experiences such as telepathy, clairvoyance, precognition.

Common Characteristics on Personality Inventories

Several personality inventories, the MMPI, California Personality Inventory (CPI), and Cattell's 16 PF have been remarkably consistent in the description of people who display frequent temporal lobe signs. On the one hand, these people are more creative, versatile, intuitive, and interested in philosophical or aesthetic topics. However, scores on the temporal lobe scales are also positively correlated with anxiety (specifically forms that emerge as ego weakness and free-floating), emotional lability, tension, and excessive rumination (over-thinking). When thought becomes inefficient, they are more prone to suspiciousness, delusions (sense of the personal), stereotyped (constricted) thinking, panic (especially abstract death thoughts such as nuclear war), circumstantiality (or viscosity), and religiosity. The most single feature is occasional mild to moderate hypomania against a background of mild to moderate depression. Considering the persistent association between clinical mania and temporal lobe epilepsy and their shared treatment by some anticonvulsants such as carbamazepaine (Tegretol), the occurrence of the hypomanic "spike" in normal people who report frequent complex partial epileptic signs is further support of the temporal lobe continuum.

People who display temporal lobe lability are also suggestible. The more frequent the number of temporal lobe signs the more easily they dissociate.

Temporal Lobe Structures Determine Patterns in the Visitor Experience

If temporal lobe processes are involved in the visitor experience, then the phenomenological patterns should be similar across experiences and effectively reflect the function of temporal lobe structures.

- Similarity of Themes

The general patterns of themes would be consistent across every human culture due to the SIMILARITIES OF TEMPORAL LOBE FUNCTION. Persistent patterns of reported experience would be due to electrical coherence through which structures, typically not coordinated, display brief interaction.

- Humanoid Shapes

Common images in the UFO abduction experience as well as the incubus nightmare involve odd humanoids. In light of the contribution of the mesiobasal structures to these aversive dreams and the reports of small humanoid forms with anomalous facial configurations by patients with active temporal lobe electrical foci, the role of this structure in the production of this specific experiental phenomenon is suggested.

- Sense of Presence

Both theoretical and clinical evidence suggests that transient neuroelectrical discrepancy between the left and right temporal lobes is a precondition for the sense of presence. Because the right hemisphere displays a wide range of receptive capacity (even during borderline arousal levels) compared to the narrow band of arousal displayed by the left hemisphere, a substantial portion of the material that composed the visitor experience should be acquired by incidental learning during twilight states. The numbers of experiences could be accumulated over the experient's lifetime such that they begin to operate as functionally independent processes.

- Latency to report

A significant portion of them would be characterized by a long latency between the time of the experience and its report. (ED: unclear why this should be so)

- Repetitive nature of the experience

There is no doubt that TLTs can be conditioned since they are intrinsically rewarding experiences; they can be considered learned microseizures provided by precipitating stimuli and followed by anxiety reduction.

- Effect of Hypnosis

Access to right hemispheric information would be facilitated during sleep...however, hypnosis would also facilitate access of this information. This tool would also contribute to the cognitive restructuring of personal information, a process that is useful in clinical settings. There is evidence that hypnosis may GENERATE phenomena, especially the experience of time loss. If this procedure does create experiential changes, then the technique itself might contribute to the PRODUCTION of the UFO experience. Regression hypnosis would be a powerful process, facilitating a functional association between the person's life history of odd, infrequent and repressed experiences within a few brief clinical interviews.

Precipitating Factors

- The Role of Tectonic Strain Fields

The specific trigger for the visitor experience, particularly those associated with UFO phenomena, have been hypothesized to involve direct exposure to intense tectonic strain fields. Although they are considered to be very focal and brief, people whose houses are built over susceptible areas (eg fault lines) may be exposed frequently. Because of electrical lability of the temporal lobes is intense. their stimulation would generate the electrochemical changes that could promote the visitor experience. Short pulses of energetic stimuli would be optimal to facilitate the normal burst firing pattern of the human amygdala.

- Role of Psychological Stress

The normal person is also susceptible to (temporal lobe experiences), particularly during time of stress or personal crisis, like identity crises,mid-life crises, loss of loved one, and so on.

Laboratory Evidence of ELF Fields affecting consciousness

Human beings detect both geomagnetic field direction and changes in intensity. A continuum of sensitivity is expected. Rocard studied 'responsive' individuals who could accurately discriminate the presence or absence of magnetic field gradients of 0.1 gauss/m; these gradients are frequently associated with subsurface ore bodies or water flow. Other studies indicated that some people could respond to temporal variations of 0.1 gauss/s.

Some researchers have hypothesized that electrically unstable brain tissue may be preferentially affected by changes in geomagnetic activity. Very weak current can influence neural gap junctions, and some regions of the brain, such as the amygdala in the temporal lobe, are prone to electrical excitability. Rajaram and Mitra reported positive correlations between the numbers of grand mal events and geomagnetic activity over several years within a hospital in India. They hypothesized that the positive correlations were due to a lowering of convulsive thresholds during magnetic field changes. In a clever experiment, Keshavan et al. observed a significant reduction of convulsive thresholds in both human patients and rats during a measured, natural variation of 19 gamma that accompanied a solar eclipse.

We have found that exposure to low-intensity, extremely low- frequency brain fields evokes partial amnesia, exacerbates vestibular images and alters suggestibility. Difficulty focusing applied magnetic fields to excite very small areas (1 cm^2) of deep temporal lobe tissue is a primary technical problem.

ELF and the Perinatal Period

One of the most labile and critical periods is the perinatal interval; during a few short hours, a multitude of complex enzymatic systems must be modified or initiated. In 1969, Persinger reported increased emotional behaviors in rats that had been exposed perinatally to 0.5 Hz rotating magnetic fields. Both the magnitude

and direction of these results were replicated later by Ossenkopp. Operant procedures demonstrated that the behavioral consequences of exposure to these fields were similar to human anxiety.

Subsequent to these studies, Persinger and Janes decided to determine if a similar relationship occurred between measures of human anxiety and the geomagnetic activity that was present around the time of birth. Geomagnetic activity was measured by the Ap index and anxiety was determined by the Institute for Personality and Ability Testing (IPAT) scale, an indicator of free-floating, manifest anxiety. In a pilot and a primary study that required two years and involved about 200 university students, weak but statistically significant positive correlations were noted between IPAT scores and perinatal geomagnetic activity the day before the subjects were born. Both male and female subjects who scored above the mean (high anxiety) also displayed stronger correlations between the anxiety and geomagnetic activity; the coefficients for the groups ranged from +0.45 to 0.50. Ossenkopp and Nobrega tested the generalizablility of the effect by evaluating responses of 13- 16-year-old high school students who lived in a different region than the subjects from the Persinger and Jane study. Ossenkopp and Nobrega used a different anxiety questionnaire (the S-R Inventory of General Trait Anxiousness) while geomagnetic activity was determined by the Ap index. The 77 female subjects showed a weak but significant positive correlation (0.24) between anxiety and the geomagnetic activity two days before birth. When only the high state anxiety female scores ($n=38$) were used, the strength of the relationship was greater ($r=0.49$). Male subjects did not demonstrate this effect.

The absence of plausible neurophysical mechanisms by which geomagnetic activity around the time of birth might influence adult human behaviors limited pursual of this effect. This impedance may have been removed. The Delgado group have shown that electromagnetic variations in the order of uT (0.1 gauss) can evoke significant morphological changes in the unborn organism. More recently, Liboff and his colleagues have shown that brief exposures (24 h) to time-varying electromagnetic fields within the uT range affects DNA synthesis. Although these changes have not been linked to human anxiety, they demonstrate that significant physiological alterations may follow brief exposures to geomagnetic-like magnitudes. If a link between perinatal geomagnetic activity and anxiety is correct, then people who are born during days of above average geomagnetic perturbations should also demonstrate greater incidences of anxiety-related disorders.

Case Study

To date there have been few controlled studies to determine the neuropsychological mechanisms of visitor experiences. They are reported by clinically normal people who display many of the personality and phenomenological characteristics described earlier. For example, in one case investigated by this researcher, a 35- year-old woman reported that she was visited by creatures who surrounded her bed during the night and intermittently carried her away. She could only sense their presence because they vibrated so quickly and reflected light strangely. They were "felt" to be small creatures with large heads and infant-like eyes.

The creatures seemed obsessed with her sexual organs and tried to operate upon here. Wheals and later warts were reported around the pubic area and on the left hand. Except for a mild elevation on the hypomania and F (validity) scales of the MMPI, she responded as a normal, middle-aged female. The only remarkable feature was her enhanced suggestibility, an early history of sexual abuse, and a recent episode with cocaine about 6 mo. before the incident. The visitors disappeared with carbamazepine, a drug that is specific to complex partial epilepsy and hypomania. Although this treatment may not be beneficial for all such cases, it emphasizes the importance of understanding the neuropsychological mechanisms.

Near Death Experiences and TLT

The psychophysiological correlates of near-death conditions should be the strongest precipitators of TLTs. Progressive alteration in blood flow and transient vasospasms in key areas, accentuated by the gradual deterioration of the body or by surgical procedures (anaesthesia), allow prolonged and optimal temporal lobe conditions. Unlike some presumptions, a flat EEG reflects cortical activity and would not necessarily measure TLT's within deep structures. That they are electrically responsive to environmental stimuli is evident even in normal spindle and deep sleep. However, attentuation of cortical contributions would highlight the shared characteristics of these portions of the human brain and increase the homogeneity of the reported experiences across human cultures. Controlling for cultural expectations, death bed experiences should be influenced by drugs that affect amygdaloid receptor sites (morphine) or vasospasm (verapamil).

(References for this article are listed on Page 9).

Why Earthquakes Affect Electromagnetic Fields

The latest issue of Whole Earth Review (my favorite "alternative press" publication and well worth a look if you are not familiar with it) contains an interesting series of articles under the topic "Radio Earth" (that is, our Earth functioning as a radio transmitter). In these articles I found a lucid explanation of just why earthquakes should have any potential to alter the ambient electromagnetic field. Read on:

from Radio Earth: The Radio-Seismic Connection by Joe Tate. In Whole Earth Review #68, Fall 1990

Even in the nineteenth century, in the days of Tesla and Edison, radio noise caused by lightning was known to have recognizable propagation patterns.... Tesla actually calculated the resonant frequency of the Earth, and proposed that electromagnetic waves of this frequency (6-8 Hz) should be generated by the planet from the action of lightning. These "Schumann resonances," as they became known, were finally detected in the 1960s.

Other strange radio emissions were noticed at about the same time, a time when many new radio observatories were starting operation at various places around the globe. These observatories could each detect and record a wide range and volume of electromagnetic radiation (EMR). Before and during the great Chilean earthquake of 1960, unusual strong signals were received at six widely scattered radiotelescopes. The connection between these radio signals and the earthquake was eventually shown by James Warwick of the University of Colorado, who analyzed the observatories' separately recorded data. Earthquakes generate radio waves! But how?

Twenty-two years later, after performing a series of laboratory experiments in which rocks were crushed in powerful presses and the resulting electromagnetic emissions were measured, Warwick's paper describing the phenomenon appeared in the April 1982 issue of the Journal of Geophysical Research.

In the meantime, other experimenters had recorded similar effects in Japan, France, the United States and the Soviet Union. Several studies of satellite data revealed marked increases in very-low-frequency (VLF) emissions from epicenter regions before and during major earthquakes. In Greece, researchers found telluric currents (natural currents of electricity flowing in the Earth) fluctuated prior to earthquakes.

... Warrick's lab experiments showed that fracturing rocks generate radio waves: when Westerly granite was crushed in a shielded space, a receiving antenna detected broadband signals ranging from 500 kHz to 30 MHz. Most of the energy was concentrated at the lower frequencies.

Other experimenters measured changes in the electrical resistance of rocks under pressure. During the late 1970s, William Brace of MIT compressed various rocks in a powerful press while recording their resistance. He found that as rocks approach fracture pressure, they become much more electrically conductive. A related experiment by William Daily at Lawrence Livermore Lab subjected rocks to evenly distributed pressure while their electrical resistance was measured. Under uniform pressure, the rocks did not show the changes in resistance produced in Brace's press. That suggested it was stress caused by force being applied unevenly which caused the observed changes in resistivity.

Although Warwick's experiments proved rocks can emit radio waves during crushing, calculations showed that any such waves generated far underground would be absorbed by the earth, never reaching the surface with enough energy to be detected in the atmosphere. In addition, this effect could not explain the DECREASE of ambient radio energy observed by us and others.

Takeo Yoshino, of the University of Electro-Communications in Tokyo, has proposed that "resistance slots" form along a fault line due to effects similar to those demonstrated by Brace. Yoshino argues that if ground resistance becomes high enough in these slots, then radio waves coming from below will pass through them, rather than being absorbed, and enter the atmoshere. It would also mean atmospheric radio energy could pass into the earth through these slots. This could create interesting resonant effects.

Does ground resistance actually reach the levels needed to sustain such an effect? It is knows that ground water enchances ground conductivity. However, C.B. Raleigh of the U.S. Geological Survey has calculated that enough heat can be produced by friction during the earthquake preparation process to boil the ground water out of a rupture zone. Perhaps dehydration could combine with stress-induced fluctuations in rock resistance to produce slots of heightened electrical resistance in the Earth's crust.

...As more data is gathered, we'll understand more about these phenomena. In the meantime, though, we're on a slow learning curve, limited by the frequency of large earthquakes. There is really no way to speed up this process, and perhaps we don't actually want to.

Reflections

I have been pondering Persinger's ideas for the last few weeks. My thoughts crystallized after I spoke to a woman today, who was referred to me by a local UFO experiencer of our mutual acquaintance. She haed a number of unusual experiences that disturbed her, and she was concerned that she might be an "abductee."

She related episodes around sleep or meditating of feeling like she was vibrating; having out-of-body experiences, and vivid memories of seeing a mysterious tall dark figure whose face she can't quite see. The most compelling aspect of our conversation was that she was sure there was some significance to these images. She was not so much traumatized as confused, and she wanted to know for certain what these experiences were.

Well, I wish I could tell her for certain what these experiences are. I wish there were diagnostic tools that could help us determine if "temporal lobe lability" is as common as Persinger seems to think. I wish there were medical specialists like neurologists and psychiatrists who would work with us to understand what part of this experience is internal, and, if the population of experiencers is as heterogeneous as it seems to some of us, help us develop reliable clinical tools to separate out the "internal" experiencers from the "external" experiencers.

This kind of progress, like the acceptance in the scientific community of the "abductee" phenomenon in particular, or anomalous experiences in general, is slow. The pace of acceptance depends to a great extent on the quality of our work and our debates.

Persinger's theory has some value, even if it helps us devise tests that end up refuting it. It is also helpful in another, less obvious way. If temporal lobe microseizures produce experiences that, for the individual, are real, then the use of psychotherapeutic techniques including regression hypnosis can, as Persinger says, be immensely helpful to the individual. The arch-skeptic's approach of explaining to the person that these are simply temporal lobe microseizures and therefore nothing to worry about, and by the way there are no such things as UFOs, will not be effective, because these experiences are REAL to that person.

So, accepting the possibility that labile temporal lobes may be part of the "abductee" syndrome does not invalidate any of the work we are already doing.

Furthermore, the theory does not necessarily say anything about the true nature of UFOs. The way I read it, there is a connection drawn between electromagnetic fields, temporal lobe disturbances and "abductee"-like experiences. This is nowhere near the same as saying that all UFO phenomena are luminous balls caused by tectonic strain fields. It does, however, suggest that there is a disturbance of the electromagnetic environment around a UFO that can leave psychological traces.

Other thoughts about where this may lead us:

- Databases of abductee experience should include latitude and longitude of the place the incident happened, so that they can later be compared against known geomagnetic disturbances.
- Our database should also include some information about personal emotional stresses during the time before the abduction event. (As abduction research gets closer to mainstream science, people will be asking us these questions anyway).
- EEGs with nasopharyngeal leads, as a one-shot test, may be useless to rule out the temporal lobe seizure hypothesis. Can we devise a better test?
- What psychological tests can be shown to correlate with the labile temporal lobe hypothesis?
- Give a group of abductees with recurrent, ongoing experiences a therapeutic trial of Tegretol (carbamazepine). Will the abductions stop? What are the ethical implications of this?
- Can the "visitor experience" be reproduced in the laboratory? Can "abductions" be reproduced in the laboratory?
- Have you ever REALLY listened to Manilow? I mean, REALLY listened?

Whither BAE?

Since the first issue in January 1990, BAE was intended to be the medium for a "virtual community" -- a way for those of us in the helping professions and the abduction research community to exchange ideas and opinions, debate and argue.

The feedback I have received has been generally quite positive and encouraging. Some of you have expressed appreciation for a "nonaligned" voice, while others who used to feel isolated now feel more connected to the larger community of interest. But material from the readership for publication, which was intended to make up 95% of the content, has been harder to come by.

We all have our own agendas, and perhaps the idea of ongoing debates every month or so was too grand for this point in the evolution of the abduction controversy. It has also been suggested that I should encourage a more structured (and shorter) interaction by the readership. This would prevent potential contributors from being scared off by the challenge of writing a major missive.

I still think this is an important project, whatever its final form. And, from your feedback, so do you.

So, this time around I introduce a new feature, designed to make BAE even more user-friendly (see next page). Depending on the volume of response, and on my schedule, the next issue may come out in two or three months time. But rest assured you will receive BAE 7.

Here are the references for the article on Temporal Lobe Lability:

Persinger MA. MMPI Profiles of Normal People Who Display Frequent Temporal-Lobe Signs. Perceptual and Motor Skills, 1987, 64, 1112-1114

Persinger MA. Geophysical Variables and Behavior: LV. Predicting the Details of Visitor Experiences and the Personality of Experients: The Temporal Lobe Factor. Perceptual and Motor Skills, 1989, 68, 55-65

Persinger MA. Religious and Mystical Experiences as Artifacts of Temporal Lobe Function: A General Hypothesis. Perceptual and Motor Skills, 1983, 57, 1255-1262.

Persinger MA. Geophysical Variables and Behavior: XXII. The Tectonogenic Strain Continuum of Unusual Events. Perceptual and Motor Skills, 1985, 60, 59-65.

Persinger MA. Geophysical Variables and Behavior: XXVI. A Response to Rutkowski's Critique of the Tectonic Strain Hypothesis for UFO Phenomena. Perceptual and Motor Skills, 1985, 60, 575-582.

Persinger MA, Makarec K. Temporal Lobe Epileptic Signs and Correlative Behaviors DIsplayed by Normal Populations. Journal of General Psychology, 114(2), 179-185.

Persinger MA. Geopsychology and Geopsychopathology: Mental Processes and Disorders Associated with Geochemical and Geophysical Factors. Experientia 43 (1987), 92-103.

Virtual Conference

Detach this page and mail to me!
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Please send your responses by September 30/90.

1. What do you think about this Persinger stuff, anyway?

2. Can you think of three people who might like to receive BAE?

3. Is there any material, article, book, or idea that you would like to see discussed here? (Heck, you can even send it to me and I'll write about it).

4. Have you read REPORT ON COMMUNION by Ed Conroy? What do you think about it?

5. Have you read PARALLEL UNIVERSES by Fred Allan Wolf? What do you think about it?

NAME (optional!):

Bulletin of Anomalous Experience

Volume 1, Number 6 – September 1990 CIRCULATION: Pretty Low. But nobody reads anymore, anyway

MUFON 1990: Pensacola

Going to Pensacola

As I mentioned last issue, I was an invited speaker at the 1990 MUFON Symposium help July 6-8 in Pensacola, Florida. The paper I had prepared for presentation at the MUFON Symposium was called WHO SPEAKS FOR THE WITNESS? MEDICAL AND ETHICAL ISSUES IN UFO ABDUCTION RESEARCH. It discusses many of the ethical concerns we have covered in previous issues of RP/BAE -- the need to put the welfare of the witness before the exigencies of the investigation; the importance of respecting confidentiality; and the obligations of licensing that the practitioner must respect.

My main concern weeks before my trip was that the paper would be seen as a chastising of the investigator community, and an attempt to "medicalize" the field. My experiences with a group of local investigators, which formed the basis for many of the "don't let this happen to you" stories in my paper, probably did a lot to cultivate these concerns.

I spent the first day getting a general impression of the locale. The beaches were beautiful, the sand strikingly white and perfect; the shopping was a little disappointing, though I did pick up a couple of novelty items (including the "psycho ball," which screams when you touch it). The local newspaper carried daily ads offering singing machines for rent with "sacred and secular accompaniment." I was reminded of this later on the weekend when people were discussing the fundamentalist religious opposition to the Gulf Breeze stories.

The real show began Friday afternoon at the press conference. This was my first press conference. Maybe 30-40 reporters were present, and a half-dozen or fewer TV cameras. Major networks logos on the cameras were absent, though the advance literature we got suggested CNN would be there.

Walt Andrus was the emcee; he introduced me as a psychiatrist (a mistake on my bio that I had already corrected). My first words at my first press conference therefore became, "I am David Gotlib and I am not a psychiatrist."

There was a funny old man sitting in the front row and holding an antiquated cassette recorder at arms length to record the speakers. This turned out to be Phil Klass, of whom we will speak more later (natch).

Ed Walters was the star of the conference; most of the questions were directed to him. I spoke to his wife Frances briefly afterwards, and was impressed by her sincerity. She did not speak much publicly during the weekend.

My Speech

The event, originally scheduled to be at the Pensacola Hilton, was moved to the Pensacola Civic Centre, because the air conditioning in the hotel's ballroom had broken down. Approximately 700 people had registered. Two projection TV screens flanked the speaker's podium.

Our emcee was Dave Daughtry, apparently a longtime fixture on the local TV news. Pleasant voice,

Bulletin of Anomalous Experience (formerly "Ratchet Patrol" --- they *made* me change the name) is a networking newsletter about the UFO "Abduction" phenomenon and related issues for interested scientists and mental health professionals.

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nice hair. I made sure he would not introduce me as a psychiatrist.

I spoke second, after Brian O'Leary, who gave an inspirational talk on expanding mankind's consciousness into the universe. His presentation also included a spoon-bending demonstration.

I was pleased that I appeared so early in the program; most medical conferences I have attended usually put discussions of ethics at the end, when people are leaving to catch an early plane home.

My talk went well, and included a couple of episodes of spontaneous applause during those points where I emphasized respect for the witness and their needs above all else. This was helpful to see how I was doing, because with all the bright lights shining on me it was impossible to view the crowd.

The mike went dead on me every time I uttered the words "anxiety" or "depression." After some tinkering by the sound man, I tested the apparatus by saying these words in my best deep, menacing voice. The crowd liked that.

After the Speech

I had hoped to see most of the other presentations, but the majority of my time after the talk was spent doing interviews or talking to individuals.

The first two conversations I had were the only unpleasant ones. First up, a Toronto UFO investigator who recognized himself in the selfish and unprofessional exploits I described (anonymously) in my presentation. We talked for about 20 minutes in the lobby of the auditorium, during which time he demonstrated that he did not understand at all what I was talking about. I learned from others (more sympathetic to my cause) that I am now persona non grata in his outfit. This may slow my caseload, because this group has a high degree of visibility in Toronto area.

Taking a Bath in the Skeptic Tank

Next up: Phil Klass. I had never met him before. He loved what I had to say and said that if he was an expert and qualified to speak to this esteemed group that it was exactly the message he would have delivered. This was my first warning.

He then proceeded to throw his hypothetical questions at me: 'Suppose that you knew for certain that UFOs were not real...and I came to you claiming that I had seen one...what would your diagnosis be?"

"But that's not a meaningful question--I can't make a diagnosis on the basis of what you've told me." Besides, I pointed out, he would never present to anyone claiming to have seen a UFO.

We discussed another abstraction, and he seemed excited when I mentioned "personality disorder" to be in the differential diagnosis, but was crestfallen when I pointed out that the term was simply descriptive, and did not explain what was going on.

I was joined midway through this discussion by another physician, who, along with me, kept making the point to Klass that as therapists we are trying to help the patient work through their experience and integrate it; convincing them that it did not happen, because it is impossible, is not particularly therapeutic.

Then I put my foot in it: In making the point that we may be missing important data because we may not know just what we are looking for, I brought up the example of the health effects of low frequency electromagnetic fields. His face lit up (DANGER WILL ROBINSON!). "Look, you corrected me when I made a mistake in your field, now I have to correct you. I'm an engineer, and there is NO EVIDENCE that low frequency magnetic fields have ANY BIOLOGICAL EFFECT."

This was the end of our conversation. By the look on his face it appeared he thought he had skewered another well-meaning but naive and unskeptical thinker.

I had just spent six weeks poring through papers that defied this claim, but this work was all done by biologists who were observing the effects. The engineers still took a dim view of this because they could not discern the mechanism of these effects (therefore, like good skeptics, they concluded the effects did not exist). I did not feel prepared to enter into a debate with him on this matter, and left the conversation feeling like I had been screwed but not even been kissed.

I now understand why people dislike him so much. If integrity were money, he would be one of the truly needy. One anecdote I heard later during the conference has an associate of Phil's asking him how he feels being the focus of such hatred in the UFO community. Phil is said to have replied, with a big smile, "I LOVE IT!."

Press Interviews

All you needed to attract attention was a red SPEAKER ribbon on your badge. I wondered if wearing it back at home would improve my social life as much as it did at Pensacola. So far, it hasn't.

Friday night I took part in a videotaped panel with Robert Hall and Dan Wright discussing abductions. I understand this is to be produced and marketed under the auspices of CUFOS. This was the most stimulating interview of the weekend -- also the hottest, as they had us in a small motel room and turned off the air conditioning because of the noise.

I probably did about 10 interviews; the best one was with a crew from a Quebec TV news station. I was getting quite good at this by Sunday morning.

Talking to Individuals

I spoke to a number of witnesses. All were very encouraging. They agreed with what I had to say, and felt that it was high time somebody said it in public. Some of them shared their own horror stories about unsympathetic investigators who caused them more hurt because of their attitude.

Some investigators came up to me to thank me for presenting this material. These people said they had similar concerns, but often found themselves frustrated by the directors of their groups. One MUFON member said she had been particularly discouraged from providing emotional support to witnesses who did not want to have their case documented, since MUFON's purpose was to document cases. If the witness did not let them